



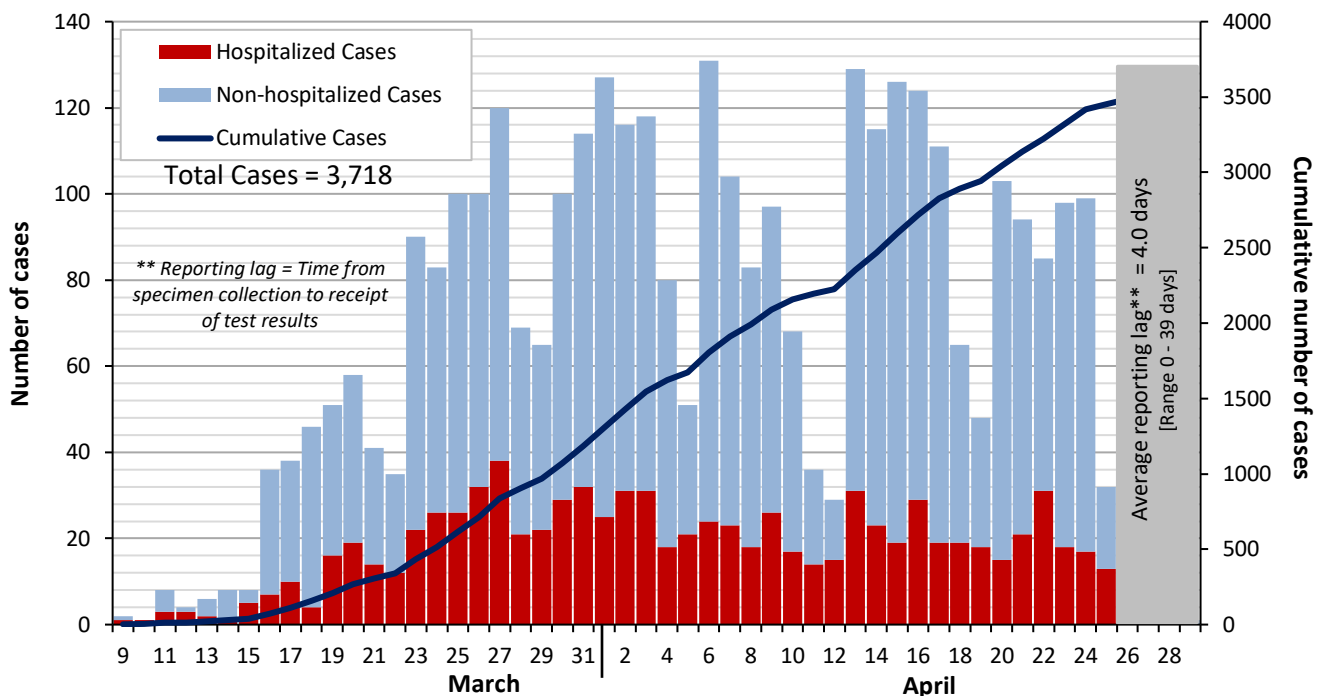
Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

May 1, 2020

- As of May 1, 2020, DCHHS is reporting 187 additional cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 3,718, including 106 confirmed deaths.
- Of 903 cases requiring hospitalization, 65% were under 65 years of age, and about half have had at least one known chronic health condition. Diabetes has been an underlying high-risk health condition reported in about a third of all hospitalized patients with COVID-19.
- Of cases requiring hospitalization who reported employment, about 79% have been critical infrastructure workers, with a broad range of affected occupational sectors, including: healthcare, transportation, food and agriculture, public works, finance, communications, clergy, first responders and other essential functions.
- Forty percent (40%) of deaths have been associated with long-term care facilities.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 was 11.7% at area hospitals in week 17.

Figure 1. Daily and Cumulative COVID-19 Cases by Date of Test collection, Dallas County: March 10 – April 30, 2020*

*The data in this summary reflect cumulative PCR tests received as of 8:00 pm, April 30, 2020. All data are preliminary and subject to change as cases represented are being actively investigated, and may be updated between press releases. Includes only cases in Dallas County residents.



**Reporting lag = Time from specimen collection to receipt of test results

Table 1. Cumulative COVID-19 Cases by Age Groups and Gender, Dallas County

Age Group (years)	# Cases (N=3,718)	% of Total Cases [†]
0 to 17	111	3%
18 to 40	1,314	36%
41 to 64	1,594	44%
≥65	596	17%
Sex		
Female	1,644	47%
Male	1,876	53%

[†]Percentages are calculated among cases with known age/sex

Table 2. Source of Laboratory Testing for Reported Confirmed Cases of COVID-19, Dallas County

Source of Laboratory Testing for Reported Positive PCR Tests	# Tests (N=3,718)	% of Total Cases
Commercial or Hospital Laboratory*	3,305	89%
Dallas LRN Laboratory	390	11%
Other Public Health Laboratory	23	1%

* Includes: AIT, ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple hospital laboratories

Table 3. Respiratory Virus Testing by North Texas Hospitals: March 22 – April 25, 2020 (CDC Weeks 13-17)

Week Ending	3/28/20		4/4/20		4/11/20		4/18/20		4/25/20	
PCR Tests for:	Positive/ Total Tests	% Positive	Positive/ Total Tests	% Positive	Positive/ Total Tests	% Positive	Positive/ Total Tests	% Positive	Positive/ Total Tests	% Positive
SARS-CoV-2 Novel Coronavirus	168 /1,461	11.5%	336 /2,359	14.2%	276 /2,390	11.5%	319 /2,607	12.5%	309 /2,647	11.7%
Influenza	14 /1,772	0.8%	5 /1,067	0.4%	1 /308	0.3%	0 /523	0%	1 /414	0.2%
Seasonal (non-SARS-2) Coronavirus	15 /1,123	1.3%	9 /545	1.7%	0 /293	0%	1 /419	0.2%	0 /174	0%
Adenovirus (respiratory)	15 /1,129	1.3%	11 /560	2.0%	5 /293	1.7%	3 /403	0.7%	2 /334	0.6%
Metapneumovirus	114 /1,129	10.1%	29 /630	4.6%	14 /293	4.8%	6 /407	1.5%	1 /334	0.3%
Rhinovirus/Enterovirus	99 /1,129	8.8%	43 /630	6.8%	18 /293	6.1%	19 /407	4.7%	15 /334	4.5%
RSV	10 /1,272	0.8%	4 /763	0.5%	1 /350	0.3%	1 /424	0.2%	0 /342	0%

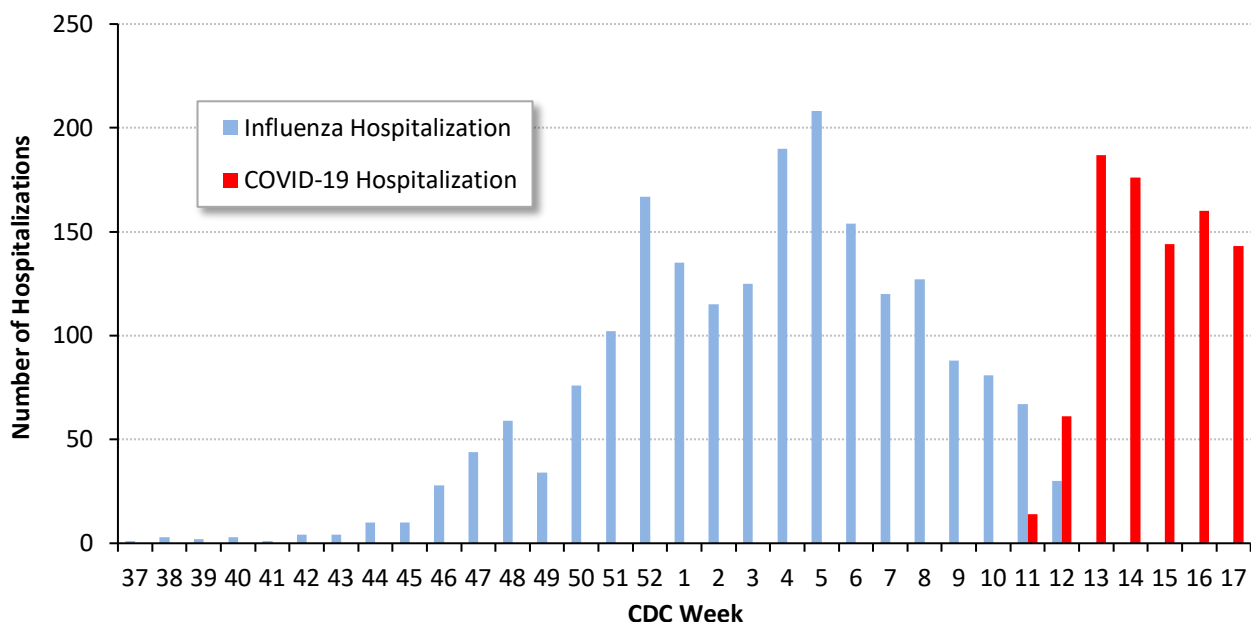
Data sources: National Respiratory and Enteric Virus Surveillance System and additional hospitals voluntarily reporting directly to DCHHS. Testing denominators include out-of-county patients and testing performed only through hospitals in Dallas County. (Does not include FEMA drive-thru clinics)

Table 4. Transmission Risk Factors for Cumulative Confirmed COVID-19 Cases, Dallas County

Exposure Risk Factor	Cases (N= 3,718)	% of Total Cases
International Travel	57	1.5%
Domestic Travel (Out-of-state)	119	3.2%
Cruise Ship Travel	9	0.2%
Long-Term Care Facility (Residency)	249	6.7%
County Jail (Inmate)	219	5.9%
Homeless Shelter	42	1.1%
Close contact or Presumed Community Transmission*	3,023	81.3%

*Includes: household transmission, and cases with no other exposure risk factors identified

Figure 2. Influenza and COVID-19 Hospitalizations by Week of Admission, Dallas County: September 2019 through week ending April 25, 2020 (CDC Week 17)*



*Patients diagnosed with confirmed COVID-19 by PCR testing. The data in this summary reflect cumulative data received as of 7:00 pm yesterday. All data are preliminary and subject to change as cases represented are being actively investigated, and may be updated between press releases. Includes only cases in Dallas County residents.

Table 5. Characteristics of Cumulative Confirmed COVID-19 Cases, Dallas County: March 10 – April 30, 2020

		Non-Hospitalized Cases	%
<i>Not Hospitalized</i>		N = 3,718	76% of Total Cases
Outpatient/ Urgent Care/ Drive-through		2,397	85%
Emergency Department only		418	15%
		Hospitalized Cases	%
<i>Ever Hospitalized</i>		N = 903	24% of Total Cases
Admitted to Intensive Care Unit		269	30%
Mechanical Ventilation		173	19%
Male		458	58%
Age Group (years)	0-17	8	1%
	18-40	158	17%
	41-64	423	47%
	≥65	314	35%
Presence of ≥1 high risk condition		429	48%
Diabetes		240	27%
Lung Disease (e.g. COPD, asthma)		113	13%
Heart Disease (e.g. CHF)		123	14%
Kidney Disease (e.g. ESRD, dialysis)		77	9%
Cancer, Immune-compromise		78	19%
Pregnancy		11	1%
Race/ Ethnicity	White	140	16%*
	Hispanic	343	38%*
	Black	191	21%*
	Other	28	3%*
	Non-reported/ Unknown	129	14%

* Percentages can also be calculated to exclude cases for which race/ethnicity was unknown (not reported).

<i>Death classified as confirmed if decedent was a Dallas County resident with a positive COVID-19 PCR test. Data are obtained from ME, hospitals, and vital statistics.</i>		Confirmed Deaths	%
		N = 105	3% of Total Cases
Male		72	69%
Age Group (years)	17-40	7	7%
	41-64	20	19%
	≥65	78	74%
Presence of ≥1 high risk condition		71	76%**
Diabetes		34	37%**
Race/ Ethnicity	White	45	43% (29% of population)†
	Hispanic	32	30% (41% of population)†
	Black	21	20% (24% of population)†
	Other	7	7% (6% of population)†

** Percentages are of cases for which underlying health conditions were reported

† 2019 U.S. Census population estimates for Dallas County

Table 6. Summary of Influenza and COVID-19 Hospitalizations and Deaths from Dallas County Hospitals, Vital Statistics and Medical Examiner’s Office

Week Ending	03/07	03/14	03/21	03/28	04/04	04/11	04/18	04/25	9/08/19–Present
CDC Week	10	11	12	13	14	15*	16*	17*	
Influenza hospitalizations ¹	81	67	30	N/A	N/A	N/A	N/A	N/A	1,990
Influenza ICU admissions ¹	9	7	7	N/A	N/A	N/A	N/A	N/A	281
Confirmed influenza-associated deaths ²	2	0	0	N/A	N/A	N/A	N/A	N/A	25
COVID-19 hospitalizations ³	0	14	61	187	176	144*	160*	143*	903*
COVID-19 ICU admissions ³	0	7	27	61	61	45*	38*	29*	269*
Confirmed COVID-19-associated deaths	0	0	3	11	8	16*	32*	26*	105*

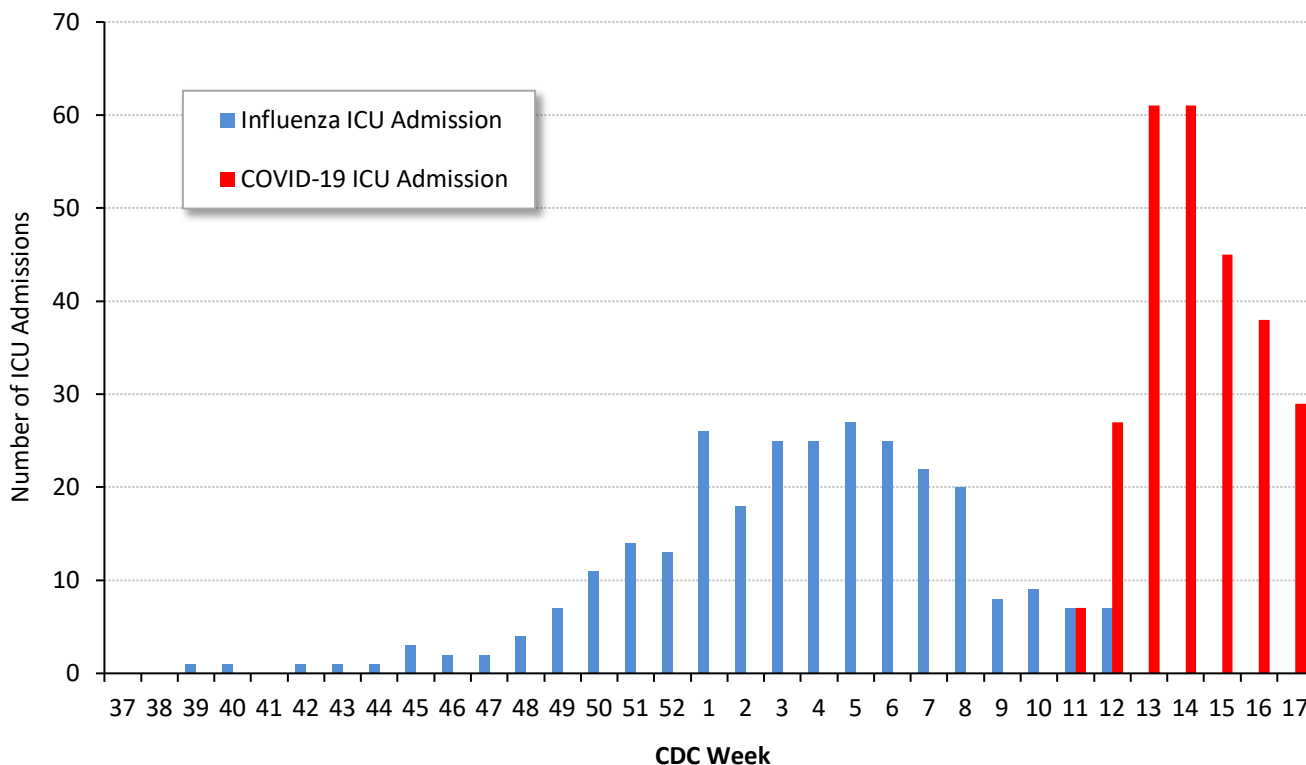
*All data are preliminary and subject to change as additional information is received.

¹ Reflects all influenza-associated hospitalizations reported from 14 hospitals located within Dallas County by week of any positive influenza tests.

² Confirmed influenza-associated deaths as defined by a positive laboratory test and any of the following: (1) death certificate denotation, (2) medical record documentation of compatible symptoms and clear progression from illness to death, or (3) determination by the County Medical Examiner’s office (ME) of no alternate cause of death. Does not include possible influenza-associated deaths with pending determination of primary cause of death.

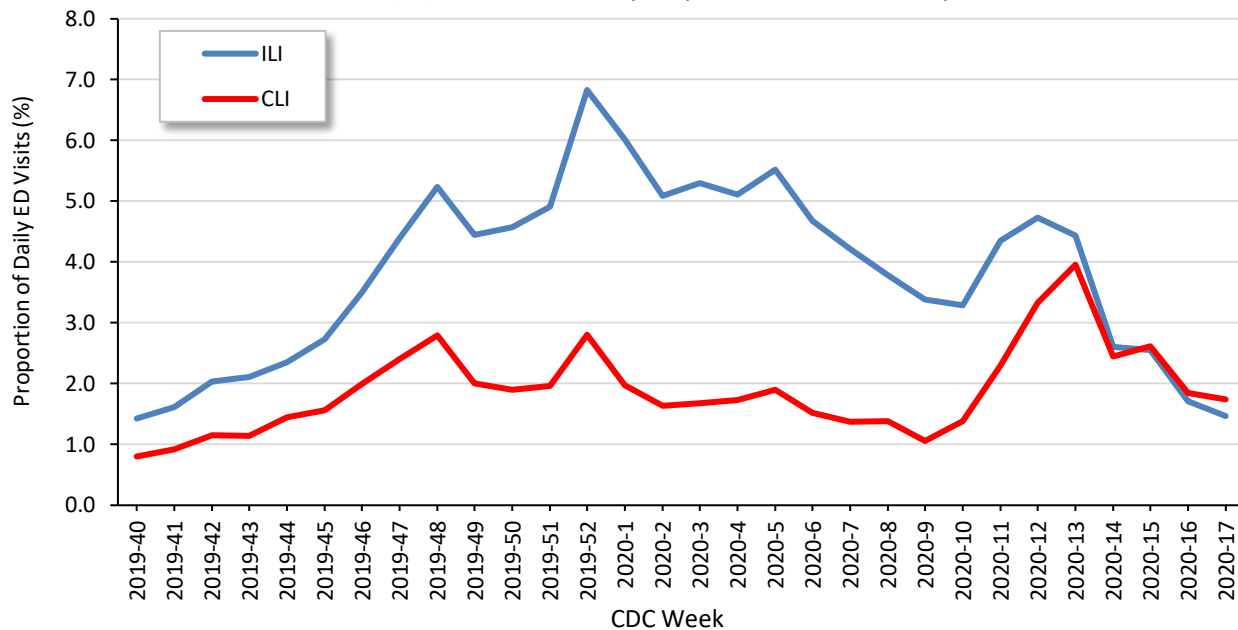
³ Reflect all COVID-19-associated hospitalizations reported from area hospitals within Dallas County by week of admission; data as of 7:00 pm yesterday.

Figure 3. Intensive Care Unit Hospitalizations for Influenza and COVID-19 by Week of Admission, Dallas County: September 2019 through week ending April 25, 2020 (CDC Week 17)*



* Patients diagnosed with confirmed COVID-19 by PCR testing. The data in this summary reflect cumulative data received as of 7:00 pm yesterday. All data are preliminary and subject to change as cases represented are being actively investigated, and may be updated between press releases. Includes only cases in Dallas County residents.

Figure 4. Syndromic Surveillance of Emergency Department Visits for COVID-like Illness (CLI)* and Influenza-like Illness (ILI)**, Dallas County: September 29, 2019 – April 25, 2020



ESSENCE Data is from 18 hospital emergency departments voluntarily reporting numbers of persons presenting with self-reported chief complaints.

* CLI is defined as chief complaint of fever and cough or shortness of breath or difficulty breathing.

**ILI is defined as chief complaint of fever and cough or sore throat or mention of influenza.

Table 7. Cumulative COVID-19 Cases by City of Residence within Dallas County as of April 30, 2020

(e.g. Does not include cases who reside in portions of cities which are not within Dallas County.)

City of Residence	Cases (N=3,718)	% of Total Cases
Addison	18	0.5%
Balch Springs	33	0.9%
Carrollton	46	1.2%
Cedar Hill	58	1.6%
Cockrell Hill	5	0.1%
Coppell	26	0.7%
Dallas	2,047	55.1%
DeSoto	96	2.6%
Duncanville	55	1.5%
Farmers Branch	53	1.4%
Garland	395	10.6%
Glenn Heights	16	0.4%
Grand Prairie	119	3.2%
Highland Park	16	0.4%
Hutchins	3	0.1%
Irving	325	8.7%
Lancaster	63	1.7%
Mesquite	162	4.4%
Richardson	69	1.9%
Rowlett	54	1.5%
Sachse	11	0.3%
Seagoville	9	0.2%
Sunnyvale	8	0.2%
University Park	25	0.7%
Wilmer	5	0.1%
Wylie	1	0.0%

Table 8. Occupations of Hospitalized Patients with Confirmed COVID-19, Dallas County, 3/10 – 4/23/20

<i>Occupation</i>	<i>Position</i>	<i>Sector</i>
		Hospitalized Cases (%) of Total Employed
Critical Infrastructure Workers*		
Healthcare and Public Health		45 (18%)
	<i>Nurse, LVN, CNA</i>	11
	<i>Physician</i>	5
<i>Other: Dentist, dietary, home health, medical assistant, mental health, PCT, pharmacist, physical therapy, facilities, administrative</i>		29
Transportation and Logistics		38 (15%)
	<i>Airline/Airport</i>	7
	<i>Parcel or postal delivery</i>	6
	<i>Cab/rideshare or bus driver</i>	5
	<i>Other: Mechanic, truck driver, freight, railroad</i>	20
Food and Agriculture		32 (13%)
	<i>Grocery</i>	10
	<i>Restaurant</i>	13
	<i>Other: Food processing, production, supply</i>	9
Other Community/Government Essential Functions		19 (8%)
	<i>Clergy (Pastor, priest)</i>	6
	<i>Education (Teacher, administration)</i>	5
	<i>Judicial system (Attorney)</i>	4
	<i>Real estate services</i>	3
Public Works and Infrastructure Support Services		12 (5%)
	<i>Construction</i>	9
<i>Financial (Accounting, Bank, Insurance)</i>		12 (5%)
<i>Communications and Information Technology</i>		10 (4%)
<i>Commercial Facilities (Building materials, painting, warehouse)</i>		8 (3%)
<i>Hygiene Services (Custodian, Lawn Service)</i>		7 (3%)
<i>Law Enforcement, Public Safety, First Responders</i>		6 (2%)
<i>Critical Manufacturing (Manufacturing metal, packaging)</i>		4 (2%)
<i>Energy/Utilities (Electricity, Petroleum, Gas)</i>		2 (1%)
Non- Critical Infrastructure Workers (Includes retail, personal services)		52 (21%)
Non-Employed (Includes retired)		185
Student		3
Not reported		234
Total		669

* Includes only residents of Dallas County with self-reported occupational information. All data is preliminary and subject to change.

**CISA Advisory Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, April 17, 2020 .

CDC Priorities for COVID-19 Testing (rev. date: 4/27/20)

(See CDC Guidance for Evaluating and Reporting Persons Under Investigation (PUI) at:
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>)

High Priority

- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms
- Persons identified through public health cluster and selected contact investigations

Priority

- Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
- Persons without symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

Many Thanks to:

Our area hospitals and healthcare providers for reporting lab-confirmed COVID-19 cases

Our DCHHS Case and Contact Investigations Team volunteers from:

Dallas County Medical Society

UT Southwestern Medical School

Texas A&M College of Medicine

UTHealth School of Public Health

Retired School Nurses

New COVID-19 cases are reported as a daily aggregate, with this cumulative summary updated Tuesdays and Fridays.

DCHHS COVID-19 Summaries and Case Report Form are accessible at:

<https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php>

DCHHS Acute Communicable Disease Epidemiology Division: COVID-19@dallascounty.org